

STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station
Office: 242 State Street
Augusta, Maine 04333
Tel: (207) 287-4179 Fax: (207) 287-6775
Website: www.maine.gov/ethics

CAMPAIGN FINANCE REPORT OF
MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

Name of Membership Organization or
Corporation Making Expenditure(s) _____

Mailing Address _____

City, Zip Code _____ Telephone _____

INSTRUCTIONS:

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures" for the purpose of computing matching funds under the Maine Clean Election Act. "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission Web site).

Reporting Schedule (please check applicable report):

<u>Type:</u>	<u>Due Date:</u>	<u>Period included:</u>
<input type="checkbox"/> 6-day pre-primary	June 2, 2004	January 1, 2004 to May 27, 2004
<input type="checkbox"/> 42-day post-primary	July 20, 2004	May 28, 2004 to July 13, 2004
<input type="checkbox"/> 6-day pre-general	October 27, 2004	July 14, 2002 to October 21, 2004
<input type="checkbox"/> 42-day post-general	December 14, 2004	October 22, 2004 to December 7, 2004

☐ Other (specify): _____

☐ Amendment to: _____

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Signature of Authorized Official

Date

Schedule B-MOCC-1

CANDIDATE(S) SUPPORTED/OPPOSED

Please list all candidates that were the subject of membership communications during the reporting period.
If more than one candidate was the subject of an expenditure, allocate the expenditure among the candidates.

Office sought by candidate, including district #	Candidate's Name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate

Schedule B-MOCC-2

ITEMIZATION OF EXPENDITURES MADE

Date of expenditure	Payee, address, zip code	Purpose of expenditure	Amount
1. Expenditures this page			
(Last Page Only Schedule B-MOCC-2)			
2. Total from attached pages (Schedule B-MOCC-2)			
3. Total expenditures this period			